

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Manoa Senior Care A | CHAPTER 100.1 |
| Address: 2250 Oahu Avenue, Honolulu, Hawaii 96822 | Inspection Date: February 27 & 28, 2020 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|--------------------|
| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> No documented evidence that the non-standard diet order from 12/16/2019, "chopped," was clarified with the physician to include the type of diet. | <div style="text-align: center;"> PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY </div> <div style="text-align: center; margin-top: 100px;"> Clarified the diet order with the MD on 2/29/2020. </div> | 3/20/20 |

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| <input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Laundry closet as well as broom closet with various toxic chemicals and cleaning agents unsecured. | <p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Educated staff to properly secure and store toxic chemicals and cleaning agents at all times when not in use. Nurse on duty to ensure the door is locked during her shift, will do periodic checks during her shift to make sure it is locked., and will remind staff about locking the door throughout their shift.</p> | <p style="text-align: right;">3/20/20 r ongoing</p> |

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| <input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. <u>FINDINGS</u> Resident #1 – Order for Calcium and Vitamin D3 clarified on 2/3/2020 to increase Vitamin D3 to 800 IU, however, it is not reflected on February medication administration record. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Order for Calcium and Vitamin D3 800IU noted in the MAR.</p> | 3/30/20 |

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| <input checked="" type="checkbox"/> §11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS No documented evidence of fire drill from March – June 2019, and August 2019. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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Licensee's/Administrator's Signature: _____



Print Name: _____

Lora Garcia

Date: _____

3/20/20